

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Prior Application Serial No.: _____

Prior Examiner: _____

Prior Application Filed: _____

Prior Group Art Unit: _____

Re Application of: Presby David W..

Group Art Unit: 3671

Serial No.: 10/695,883

Examiner: Mayo, Tara L.

Filed: October 29, 2003

Paper No. 7

Confirmation No.: 7811

Dkt. No: PY374-SKIM

For: **New Title by Examiner is "SKIMMER TAB FORMER" Method, Apparatus and**
Actuatable Perforator For Creating Apertures in Pipe and Pipe Produced Thereby

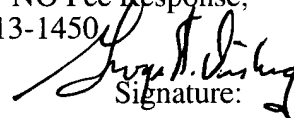
To: Mail Stop: No Fee Office Action Resp
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING (37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop NO Fee Response, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 9/21/2006


Signature:

[] Request is hereby made for a _____ () month extension of time to respond to the Office Action and Examiner's Amendment dated 09/18/2006 Facsimile transmitted for Review by Applicant U.S. Application Serial No. 10/695,883 . With the _____ () month extension the due date for mailing the response is _____, 2006 . Sent by first class mail along with the response is Check No. _____ dated _____ for \$.00 in payment of the extension of time fee.

RESPONSE TO EXAMINER'S AMENDMENTS SENT BY FACSIMILE BY
EXAMINER TO APPLICANT UNDER 37 C.F.R. §1.312,

Relative to paragraph 1. of page 2 and 3 of the facsimile of 09/18/2006, **Applicant accepts the amendments to the Claims, the Title, and the Abstract as provided by Examiner Mayo.**

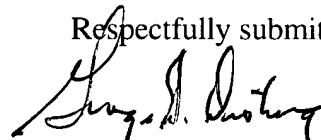
Relative to paragraph 2. of page 3 of the facsimile Applicant is including herewith a **new Replacement Sheet 3/4 in which FIG. 5** has therein included Fig. 5B, Fig. 5C and Fig. 5D each of which identifies the three different views of the device illustrated by FIG. 5.

Conclusion

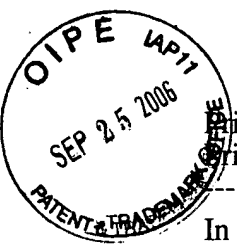
Applicant respectfully submits that the invention now defined in claims 1 - 4 as Amended per Examiner's Amendment clearly defines the invention and therefore Applicant requests Examiner to provide to Applicant an early notice of allowance.

The fees associated with this response, if there are any due, are included herewith. Applicant respectfully requests that Examiner contact his attorney by telephone, by e-mail or by facsimile if there are any additional questions relative to this patent application.

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Respectfully submitted,

George W. Dishong
Attorney for Applicant
Reg. No. 31,348

IFW



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[Signature]
 Signature:

RESPONSE TO EXAMINER'S AMENDMENTS SENT BY FACSIMILE BY EXAMINER TO APPLICANT UNDER 37 C.F.R. §1.312,

1. Transmitted herewith for filing is an acknowledgement of receipt and acceptance of the Examiner's Amendment and a new Replacement Sheet 3/4 of FIG. 5 ;

STATUS

2. Applicant is:
☒ a small entity --- verified statement is
 ☐ attached.
 ☒ already filed.
 ☐ other than a small entity.

EXTENSION OF TERM

3. (complete (a) or (b) as applicable)

(a) Extension requested:

MONTHS

Fee for other than
 Small Entity

Fee for Small
 Entity

☐ ONE month

\$120.00

\$60.00

FEE \$00.00

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.
 Extension Fee due with this request \$ 0.00

September 20, 2006

FEE FOR CLAIMS

4. The fee for claims is calculated as follows:

	(Col. 1) CLAIMS REMAIN	(Col. 2) HIGHEST NO. PREV	(Col. 3) PRESENT EXTRA	Small Entity RATE	ADDIT FEE	Other Entity OR RATE	ADDIT FEE
PAID							
Total	* <u>04</u> minus	**20	= 0	x25=	\$ 0.00	x50=	\$0.00
Indep	* <u>03</u> minus	***3	= 0	x100=	\$ 0.00	x200=	\$0.00
[] 1ST PRESENT. OF MULTIPLE DEP. CLAIM				+180=	\$ 0.00	+360=	\$0.00
				TOTAL	\$ 0.00	OR TOTAL	\$0.00
				ADDIT. FEE	\$ 0.00		

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" is less than 3, enter "3".

(c) ☒ No additional fee is required or

(d) ☐ Total additional fee required \$ 0.00

5. FEE PAYMENT

☐ Attached is a check # _____ in the sum of \$ 0.00

☐ Charge Account No. _____ the sum of \$ _____

A duplicate of this transmittal is attached.

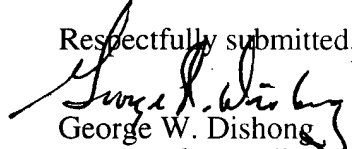
6. FEE DEFICIENCY

☐ If any additional extension fee is required, charge Acct. No. _____

AND/OR

☐ If any additional fee for claims is required, charge Acct. No. _____

Respectfully submitted,


George W. Dishong
Attorney for Applicant
Registration No. 31,348

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